

# Labor Organization Officer and Employee Report

U.S. Department of Labor  
Employment Standards Administration  
Office of Labor-Management Standards



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 432, 440.

Form approved - CMB No. 1215-D185  
Exp. res 11-30-2002

1. Name and address of person filing  
Walter White  
222 Dodwood  
Henderson, NV 89015

2. Name and address of labor organization  
General Drivers, Delivery Drivers and  
Helpers, Local Union No. 14  
P. O. Box 14765  
Las Vegas, Nevada 89114

3. Position in labor organization  
Trustee

4. Date fiscal year ended  
January 1997 to July 2000

5. File number (if assigned)  
033-295-4-A04

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

8. Name of Employer  
Address of Employer

7. Nature of interest, transaction or income

9. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

9. Name of business  
Address of business

American Income Life Insurance Company, P.O. Box 2608, Waco TX 76797

9. Business deals with— 10. If 9B or 9C is checked give trust or employer's name

☒ A. Labor Organization ☐ B. Trust ☐ C. Employer

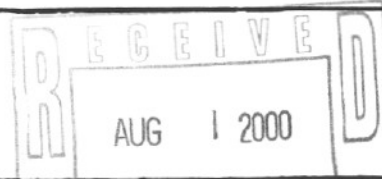
11. Nature and approximate dollar value of such dealings

American Income Life Insurance Company provided, at no additional cost, an additional accidental death benefit of \$10,000 to the individual listed above while they were traveling in any convenience on official Union business. No benefits were paid to insured. Agreement with

12. Nature of interest held or income received insurance company was immediately terminated upon being notified to do so by the Independent Review Board in its letter dated June 6, 2000 to Patrick Szmanski, General Counsel for the International Brotherhood of Teamsters. This form is being filed as instructed in that letter.

13. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13. Name and address of employer ☐ or consultant ☐ 14. Nature of payment



IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

USDOL/ESA  
OLMS/DOE/SRD

15. Signature and verification—The undersigned declares, under the applicable penalties of the law, that all of the information in this report, including the attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct and complete.

Signature: Walter White at Las Vegas Nevada on 7-20-2000  
City State Date

Form LM-30 (Rev. 1998)

# Labor Organization Officer and Employee Report

U.S. Department of Labor  
Employment Standards Administration  
Office of Labor-Management Standards



This report is mandatory under P.L. 86-267, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.

Form approved - OMB No. 1215-0188  
Expires 11-30-2002

033295

1. Name and address of person filing Walter White 222 Dodwood Henderson, NV 89015		2. Name and address of labor organization General Drivers, Delivery Drivers and Helpers, Local Union No. 14 P.O. Box 14765 Las Vegas NV 89114	
3. Position in labor organization Trustee	4. Date fiscal year ended January 1997 to July 2000	5. File number (if assigned) 033-295-4-1904	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name of Employer	Address of Employer
7. Nature of Interest, Transaction or Income	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name of business	Address of business
9. Business deals with— <input type="checkbox"/> A. Labor Organization <input type="checkbox"/> B. Trust <input type="checkbox"/> C. Employer	
10. If 9B or 9C is checked give trust or employer's name	

11. Nature and approximate dollar value of such dealings

12. Nature of interest held or income received



C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13. Name and address of employer <input checked="" type="checkbox"/> or consultant <input type="checkbox"/> American Income Life Insurance Company P.O. Box 2608 Waco, TX 76797	14. Nature of payment See Attachment
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IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

15. Signature and verification. The undersigned declares, under the applicable penalties of the law, that all of the information in this report, including the attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct and complete.

Signed Walter P. White at Las Vegas Nevada on 7-17-00  
City State Date

Form LM-30 (Rev. 1986)

Labor Organization Officer and Employee Report LM-30

General Drivers, Delivery Drivers and Helpers, Local Union No. 14  
File Number 033-295

No. 14 Nature of payment:

American Income Life Insurance Company provided, at no additional cost, an additional accidental death benefit of \$10,000 to the individual listed above while they were traveling in any convenience on official Union business. No benefits were paid to insured. Agreement with insurance company was immediately terminated upon being notified to do so by the Independent Review Board in its letter dated June 6, 2000 to Patrick Szmanski, General Counsel for the International Brotherhood of Teamsters. This form is being filed as instructed in that letter.

